

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: NORTH STAR ADULT FAMILY HOME II (0009221)
Address: 1209 E THOMAS ST, MANITOWOC, WI 54220
License Status: REGULAR
Licensed/Certified/Registered 02/13/2001
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0096898 **End Date:** 04/10/2006 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007295 Served 05/12/2006

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|------------------------------------|--------------------------------|------------------|
| 88.03(5)(e)1 | SIGNIFICANT CHANGE TO THE RESIDENT | | |
| 88.06(3)(f) | REVIEW OF ISP | | |
| 88.07(1)(a) | RESIDENT CARE-GENERAL REQUIREMENTS | | |

Survey ID: 0095096 **End Date:** 05/26/2005 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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| |
|----------------------------|
| Enforcement History |
|----------------------------|

Date: 05/11/2006 SOD #10007295 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING

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Provider Inspection Summary
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| Complaint History |
|-------------------|
|-------------------|

Date Complaint Received: 03/29/2006

Date Investigation Completed: 04/10/2006

Subject Area(s)

ABUSE
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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